

**Foster Family Home - Corrective Action Report**

Provider ID: 1-160069

Home Name: Vicenta Cadelina, CNA

Review ID: 1-160069-4

94-337 Loaa Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/30/2019

**Foster Family Home****Required Certificate****[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFH made on 9/30/19.

Corrective Action Report issued during home inspection with all items due to CTA by 10/30/19.

6.(d)(1)- see applicable sections of the review.

**Foster Family Home****Personnel and Staffing****[11-800-41]**

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- No current First Aid certification for CG#2.

*Maribel Nakamine, RN*

Compliance Manager

Date

*9/30/19**Vicenta Cadelina*

Primary Care Giver

Date

*9/30/19*

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Vicenta Cadelina  
CCFFH Address: 94-337 Loa Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(8)	First Aid Certification Obtained for CB #2 and place in home binder.	10/1/19	In the future I will write in my calendar when requirements are due, 2 months in advance.

Primary Caregiver's Signature: Vicenta Cadelina

Print Name: Vicenta Cadelina Date of Signature: 10/1/19